

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/890288**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3		2				
4		1				
5		1				
6	1					
7		1				
8		1				
9		1				
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50						
TOTAL IND.	3					
TOTAL DEP.		13				
TOTAL CLAIMS	16					

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	IND.	DEP.	IND.	DEP.	IND.
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS